

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001665

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 72

STATE FILE NUMBER

FILED JAN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

25 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

General Hospital

Inside limits Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Kansas City

d. STREET ADDRESS

916 Washington

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

John

Victor

Frye

## 4. DATE OF DEATH

Month

Day

Year

1

5

62

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

7-27-02

## 9. AGE (last birthday)

39

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

Yellow Cab

## 11. BIRTHPLACE (City and state or country)

Galoupe, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Chauncy Nicholas Frye

## 13b. FATHER'S MAIDEN NAME

Florence

## 13c. NAME OF HUSBAND OR WIFE

Crystal Frye

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

2 Mrs. Thomas Payne: 2741 Bellview

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

congestive heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

arteriosclerotic heart disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 1-4-62 to 1-5-62 and last saw him alive on 1-5-62

Death occurred at 9:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

2400 Cherry

## 22c. DATE SIGNED

1-8-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-9-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Calvary Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Kansas

## 23e. STATE

Kansas

## 24. FUNERAL DIRECTOR

Heilert Funeral Homes

## ADDRESS

3 E. 9th

## 25. DATE RECD. BY LOCAL REG.

1-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

JAN 19 1962

FILED JAN 19 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B E Weiler*

Licensed Embalmer No.

*4075*

P. O. Address

*3128, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.